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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)Attorney Docket  
Number

920476-104020

First Named Inventor

Robert FRISKNEY

**COMPLETE IF KNOWN**

Application Number

10/593,108

Filing Date

04/06/2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Differential Forwarding in Address-Based Carrier Networks***(Title of the Invention)*

the specification of which . . .



is attached hereto

OR



was filed on (MM/DD/YYYY)

04/06/2005

as United States Application Number or PCT International

Application Number

10/593,108

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                                     |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
|                                        |         |                                     |                          | YES                      | NO                                  |
| PCT/GB2005/001332                      | WO      | 04/06/2005                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

**DECLARATION — Utility or Design Patent Application**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                         |       |         |                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------|-------|---------|-------------------------------------------------------|
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <input checked="checked" type="checkbox"/> The address associated with Customer Number: | 23644 | OR      | <input type="checkbox"/> Correspondence address below |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                         |       |         |                                                       |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                         |       |         |                                                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | State                                                                                   |       | ZIP     |                                                       |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Telephone                                                                               |       | Email   |                                                       |
| <b>WARNING:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                         |       |         |                                                       |
| <p>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.</p> |  |                                                                                         |       |         |                                                       |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                         |       |         |                                                       |
| <b>NAME OF SOLE OR FIRST INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor           |       |         |                                                       |
| Given Name (first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Family Name or Surname                                                                  |       |         |                                                       |
| Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | FRISKNEY                                                                                |       |         |                                                       |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                         |       | Date    |                                                       |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | State                                                                                   |       | Country |                                                       |
| Harlow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Essex                                                                                   |       | UK      |                                                       |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                         |       |         |                                                       |
| 78 Albert Gardens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                         |       |         |                                                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | State                                                                                   |       | Country |                                                       |
| Harlow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Essex                                                                                   |       | UK      |                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                         |       |         |                                                       |
| CM17 9QG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                         |       |         |                                                       |
| <input checked="checked" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                         |       |         |                                                       |

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2

|                                                        |                         |                                                                               |                   |
|--------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------|-------------------|
| <b>Name of Additional Joint Inventor, if any:</b>      |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                 |                         | Family Name or Surname                                                        |                   |
| Nigel                                                  |                         | BRAGG                                                                         |                   |
| Inventor's Signature <i>Nigel L Bragg</i>              |                         | Date <i>6-18-06</i>                                                           |                   |
| Weston Colville<br>Residence: City                     | Cambridgeshire<br>State | UK<br>Country                                                                 | UK<br>Citizenship |
| Homewards, Chapel Road,<br><br>Mailing Address         |                         |                                                                               |                   |
| Weston Colville<br>City                                | Cambridgeshire<br>State | UK<br>Zip                                                                     | WO<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>      |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                 |                         | Family Name or Surname                                                        |                   |
| Simon                                                  |                         | PARRY                                                                         |                   |
| Inventor's Signature <i>Simon Parry</i>                |                         | Date <i>3 NOV 2006</i>                                                        |                   |
| Bishops Stortford<br>Residence: City                   | Essex<br>State          | UK<br>Country                                                                 | UK<br>Citizenship |
| 15 Mallows Green Road, Manuden,<br><br>Mailing Address |                         |                                                                               |                   |
| Bishops Stortford<br>City                              | Essex<br>State          | CM23 1DG<br>Zip                                                               | UK<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>      |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                 |                         | Family Name or Surname                                                        |                   |
| Peter                                                  |                         | ASHWOOD SMITH                                                                 |                   |
| Inventor's Signature                                   |                         | Date                                                                          |                   |
| Gatineau<br>Residence: City                            | Quebec<br>State         | CA<br>Country                                                                 | CA<br>Citizenship |
| 20 Des Genevriers<br><br>Mailing Address               |                         |                                                                               |                   |
| Gatineau<br>City                                       | Quebec<br>State         | J9A 2V8<br>Zip                                                                | CA<br>Country     |

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 2 of 2

|                                                   |                  |                                                                               |                   |
|---------------------------------------------------|------------------|-------------------------------------------------------------------------------|-------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))            |                  | Family Name or Surname                                                        |                   |
| David                                             |                  | ALLAN                                                                         |                   |
| Inventor's Signature                              |                  | Date                                                                          |                   |
| Ottawa<br>Residence: City                         | Ontario<br>State | CA<br>Country                                                                 | CA<br>Citizenship |
| 852 Forest St                                     |                  |                                                                               |                   |
| Mailing Address                                   |                  |                                                                               |                   |
| Ottawa<br>City                                    | Ontario<br>State | K2B 5P9<br>Zip                                                                | CA<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))            |                  | Family Name or Surname                                                        |                   |
| Simon                                             |                  | BRUECKHEIMER                                                                  |                   |
| Inventor's Signature <i>S. Brueckheimer</i>       |                  | Date <i>7/12/6</i>                                                            |                   |
| London<br>Residence: City                         | London<br>State  | UK<br>Country                                                                 | UK<br>Citizenship |
| 74 Church Crescent                                |                  |                                                                               |                   |
| Mailing Address                                   |                  |                                                                               |                   |
| London<br>City                                    | London<br>State  | N10 3NE<br>Zip                                                                | UK<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
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|                                                   |                  |                                                                               |                   |
| Inventor's Signature                              |                  | Date                                                                          |                   |
| Residence: City                                   | State            | Country                                                                       | Citizenship       |
| Mailing Address                                   |                  |                                                                               |                   |
| City                                              | State            | Zip                                                                           | Country           |

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
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Number

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First Named Inventor

Robert FRISKNEY

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10/593,108

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04/06/2005

Art Unit

Examiner Name

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(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

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as United States Application Number or PCT International

Application Number

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(if applicable).

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| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                                     |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
|                                        |         |                                     |                          | YES                      | NO                                  |
| PCT/GB2005/001332                      | WO      | 04/06/2005                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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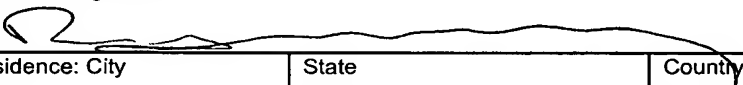
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**DECLARATION — Utility or Design Patent Application**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                         |       |             |                                                       |
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| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | <input checked="checked" type="checkbox"/> The address associated with Customer Number: | 23644 | OR          | <input type="checkbox"/> Correspondence address below |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                         |       |             |                                                       |
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| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | State                                                                                   |       | ZIP         |                                                       |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |       | Telephone                                                                               |       | Email       |                                                       |
| <b>WARNING:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                         |       |             |                                                       |
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| <b>NAME OF SOLE OR FIRST INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor           |       |             |                                                       |
| Given Name (first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | Family Name or Surname                                                                  |       |             |                                                       |
| Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | FRISKNEY                                                                                |       |             |                                                       |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       |                                                                                         |       | Date        |                                                       |
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| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State | Country                                                                                 |       | Citizenship |                                                       |
| Harlow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Essex | UK                                                                                      |       | UK          |                                                       |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                                                                                         |       |             |                                                       |
| 78 Albert Gardens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                                                                         |       |             |                                                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State | Zip                                                                                     |       | Country     |                                                       |
| Harlow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Essex | CM17 9QG                                                                                |       | UK          |                                                       |
| <input checked="checked" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                                                                         |       |             |                                                       |

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**☐Declaration  
Submitted  
With Initial  
Filing

OR

☒Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)Attorney Docket  
Number

920476-104020

First Named Inventor

Robert FRISKNEY

COMPLETE IF KNOWN

Application Number

10/593,108

Filing Date

04/06/2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Differential Forwarding in Address-Based Carrier Networks

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

04/06/2005

as United States Application Number or PCT International

Application Number

10/593,108

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                                     |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
|                                        |         |                                     |                          | YES                      | NO                                  |
| PCT/GB2005/001332                      | WO      | 04/06/2005                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 2

|                                                        |                         |                                                                               |                   |
|--------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------|-------------------|
| <b>Name of Additional Joint Inventor, if any:</b>      |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                 |                         | Family Name or Surname                                                        |                   |
| Nigel                                                  |                         | BRAGG                                                                         |                   |
| Inventor's Signature                                   |                         | Date                                                                          |                   |
| Weston Colville<br>Residence: City                     | Cambridgeshire<br>State | UK<br>Country                                                                 | UK<br>Citizenship |
| Homewards, Chapel Road,<br><br>Mailing Address         |                         |                                                                               |                   |
| Weston Colville<br>City                                | Cambridgeshire<br>State | UK<br>Zip                                                                     | WO<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>      |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                 |                         | Family Name or Surname                                                        |                   |
| Simon                                                  |                         | PARRY                                                                         |                   |
| Inventor's Signature                                   |                         | Date                                                                          |                   |
| Bishops Stortford<br>Residence: City                   | Essex<br>State          | UK<br>Country                                                                 | UK<br>Citizenship |
| 15 Mallows Green Road, Manuden,<br><br>Mailing Address |                         |                                                                               |                   |
| Bishops Stortford<br>City                              | Essex<br>State          | CM23 1DG<br>Zip                                                               | UK<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>      |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                 |                         | Family Name or Surname                                                        |                   |
| Peter                                                  |                         | ASHWOOD SMITH                                                                 |                   |
| Inventor's Signature                                   |                         | Date                                                                          |                   |
| Gatineau<br>Residence: City                            | Quebec<br>State         | CA<br>Country                                                                 | CA<br>Citizenship |
| 20 Des Genevriers<br><br>Mailing Address               |                         |                                                                               |                   |
| Gatineau<br>City                                       | Quebec<br>State         | J9A 2V8<br>Zip                                                                | CA<br>Country     |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 2 of 2

|                                                   |                  |                                                                               |                   |
|---------------------------------------------------|------------------|-------------------------------------------------------------------------------|-------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))            |                  | Family Name or Surname                                                        |                   |
| David                                             |                  | ALLAN                                                                         |                   |
| Inventor's Signature                              |                  | Date                                                                          |                   |
| Ottawa<br>Residence: City                         | Ontario<br>State | CA<br>Country                                                                 | CA<br>Citizenship |
| 852 Forest St<br>Mailing Address                  |                  |                                                                               |                   |
| Ottawa<br>City                                    | Ontario<br>State | K2B 5P9<br>Zip                                                                | CA<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))            |                  | Family Name or Surname                                                        |                   |
| Simon                                             |                  | BRUECKHEIMER                                                                  |                   |
| Inventor's Signature                              |                  | Date                                                                          |                   |
| London<br>Residence: City                         | London<br>State  | UK<br>Country                                                                 | UK<br>Citizenship |
| 74 Church Crescent<br>Mailing Address             |                  |                                                                               |                   |
| London<br>City                                    | London<br>State  | N10 3NE<br>Zip                                                                | UK<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b> |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))            |                  | Family Name or Surname                                                        |                   |
|                                                   |                  |                                                                               |                   |
| Inventor's Signature                              |                  | Date                                                                          |                   |
| Residence: City                                   | State            | Country                                                                       | Citizenship       |
| Mailing Address                                   |                  |                                                                               |                   |
| City                                              | State            | Zip                                                                           | Country           |

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐Declaration  
Submitted  
With Initial  
Filing

OR

☒Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)Attorney Docket  
Number

920476-104020

First Named Inventor

Robert FRISKNEY

COMPLETE IF KNOWN

Application Number

10/593,108

Filing Date

04/06/2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Differential Forwarding in Address-Based Carrier Networks

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

04/06/2005

as United States Application Number or PCT International

Application Number

10/593,108

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                                     |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
|                                        |         |                                     |                          | YES                      | NO                                  |
| PCT/GB2005/001332                      | WO      | 04/06/2005                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

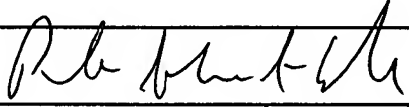
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                              |                                                                               |       |                          |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------|-------|--------------------------|------------------------------|
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | The address associated with Customer Number: | 23644                                                                         | OR    | <input type="checkbox"/> | Correspondence address below |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                              |                                                                               |       |                          |                              |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                              |                                                                               |       |                          |                              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                              | State                                                                         |       | ZIP                      |                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Telephone                                    |                                                                               | Email |                          |                              |
| <b>WARNING:</b><br>Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available. |                                     |                                              |                                                                               |       |                          |                              |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                              |                                                                               |       |                          |                              |
| <b>NAME OF SOLE OR FIRST INVENTOR:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                              | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |                          |                              |
| Given Name (first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                              | Family Name or Surname                                                        |       |                          |                              |
| Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                              | FRISKNEY                                                                      |       |                          |                              |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                              |                                                                               |       | Date                     |                              |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State                               | Country                                      | Citizenship                                                                   |       |                          |                              |
| Harlow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Essex                               | UK                                           | UK                                                                            |       |                          |                              |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                              |                                                                               |       |                          |                              |
| 78 Albert Gardens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                              |                                                                               |       |                          |                              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State                               | Zip                                          | Country                                                                       |       |                          |                              |
| Harlow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Essex                               | CM17 9QG                                     | UK                                                                            |       |                          |                              |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                              |                                                                               |       |                          |                              |

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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 2

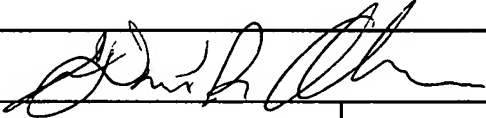
|                                                                                                          |                         |                                                                               |                   |
|----------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------|-------------------|
| <b>Name of Additional Joint Inventor, if any:</b>                                                        |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                                                                   |                         | Family Name or Surname                                                        |                   |
| Nigel                                                                                                    |                         | BRAGG                                                                         |                   |
| Inventor's Signature                                                                                     |                         | Date                                                                          |                   |
| Weston Colville<br>Residence: City                                                                       | Cambridgeshire<br>State | UK<br>Country                                                                 | UK<br>Citizenship |
| Homewards, Chapel Road,<br><br>Mailing Address                                                           |                         |                                                                               |                   |
| Weston Colville<br>City                                                                                  | Cambridgeshire<br>State | UK<br>Zip                                                                     | WO<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>                                                        |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                                                                   |                         | Family Name or Surname                                                        |                   |
| Simon                                                                                                    |                         | PARRY                                                                         |                   |
| Inventor's Signature                                                                                     |                         | Date                                                                          |                   |
| Bishops Stortford<br>Residence: City                                                                     | Essex<br>State          | UK<br>Country                                                                 | UK<br>Citizenship |
| 15 Mallows Green Road, Manuden,<br><br>Mailing Address                                                   |                         |                                                                               |                   |
| Bishops Stortford<br>City                                                                                | Essex<br>State          | CM23 1DG<br>Zip                                                               | UK<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>                                                        |                         | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                                                                   |                         | Family Name or Surname                                                        |                   |
| Peter                                                                                                    |                         | ASHWOOD SMITH                                                                 |                   |
| Inventor's Signature  |                         | Date <u>Nov 2/06</u>                                                          |                   |
| Gatineau<br>Residence: City                                                                              | Quebec<br>State         | CA<br>Country                                                                 | CA<br>Citizenship |
| 20 Des Genevriers<br><br>Mailing Address                                                                 |                         |                                                                               |                   |
| Gatineau<br>City                                                                                         | Quebec<br>State         | J9A 2V8<br>Zip                                                                | CA<br>Country     |

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 2 of 2

|                                                                                                        |                  |                                                                               |                   |
|--------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------|-------------------|
| <b>Name of Additional Joint Inventor, if any:</b>                                                      |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                                                                 |                  | Family Name or Surname                                                        |                   |
| David                                                                                                  |                  | ALLAN                                                                         |                   |
| Inventor's Signature  |                  | Date <u>Nov 2/06</u>                                                          |                   |
| Ottawa<br>Residence: City                                                                              | Ontario<br>State | CA<br>Country                                                                 | CA<br>Citizenship |
| 852 Forest St<br>Mailing Address                                                                       |                  |                                                                               |                   |
| Ottawa<br>City                                                                                         | Ontario<br>State | K2B 5P9<br>Zip                                                                | CA<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>                                                      |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                                                                 |                  | Family Name or Surname                                                        |                   |
| Simon                                                                                                  |                  | BRUECKHEIMER                                                                  |                   |
| Inventor's Signature                                                                                   |                  | Date                                                                          |                   |
| London<br>Residence: City                                                                              | London<br>State  | UK<br>Country                                                                 | UK<br>Citizenship |
| 74 Church Crescent<br>Mailing Address                                                                  |                  |                                                                               |                   |
| London<br>City                                                                                         | London<br>State  | N10 3NE<br>Zip                                                                | UK<br>Country     |
| <b>Name of Additional Joint Inventor, if any:</b>                                                      |                  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))                                                                 |                  | Family Name or Surname                                                        |                   |
|                                                                                                        |                  |                                                                               |                   |
| Inventor's Signature                                                                                   |                  | Date                                                                          |                   |
| Residence: City                                                                                        | State            | Country                                                                       | Citizenship       |
| Mailing Address                                                                                        |                  |                                                                               |                   |
| City                                                                                                   | State            | Zip                                                                           | Country           |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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